

South Carolina -- Hospital Infection Disclosure Act (HIDA)

Law passed in 2006. South Carolina uses NHSN, and posts reports on its Web site every 6 months. Initially, SC tracked three types of infection: CLABSI, Surgical Site Infections, blood culture positive for MRSA. Began audits in March, 2008, with validation visits planned to all reporting hospitals. Web site urges the public to be cautious about rushing to interpretation and conclusions by comparing hospital data. Among lessons learned, Jerry Gibson, MD, MPH, State Epidemiologist of SC cites the following: ask for a pilot year and funding for it; emphasize reporting process over infections; work with stakeholders on politics and funding; conduct intensive training with hospitals; validation is not optional; don't underestimate the complexity of reporting the data.

Colorado Hospital-Acquired Infection Disclosure Act

Act was approved in June, 2006. Requires hospitals, hospital units, ambulatory surgical centers and dialysis treatment centers to report HAI, as a condition of their state licensure. Gradual implementation, starting with surveillance of CLABSI and SSIs associated with Coronary Artery Bypass Grafts and two types of orthopedic surgery: hip and knee replacement. The reporting system in Colorado is the CDC's NHSN. Training and enrolment process can take up to two months, and any mistake made during the enrollment process can result in having to re-enroll. Many of the difficulties health facilities have experienced with the NHSN reporting system were due to limited time and resources. This program in Colorado struggles with insufficient funding and staffing, hampering validation activities. Their report cites the staffing of the NY State program as part of a better designed program. Among limitations, they note that the legislation was written assuming the CDC staff responsible for NHSN would handle most of the training but in fact even devoting all available state staff to this task was not sufficient, and at the time of writing their report in January, 2008, six months after data collection started, only 25% of targeted facilities were reporting and only one month of data from 42 of 57 reporting facilities was available for analysis. For some procedures like hip or knee replacement, monitoring is required up to a full year to verify if a procedure related infection has occurred.

Missouri HAI Surveillance.

Missouri passed a law in 2004 requiring hospitals and ambulatory care centers to report CLABSI, SSI, and Ventilator-Associated Pneumonias. Surveillance began in July, 2005, with monthly reports of CLABSI in selected ICUs. Data collection on SSIs, from hospitals and ambulatory surgical centers began in January, 2006. Missouri is one of only 3 states among 23 where the GAO conducted a review (see below), who decided to use a state developed system.

From GAO Report, September, 2008: "Since CDC opened enrollment in NHSN to all hospitals [in June, 2007], no state has chosen not to use NHSN to collect at least some of its HAI data. In addition to New York, Colorado, South Carolina, and Vermont began collecting data through NHSN in 2007, and 13 other states have decided to use NHSN for their HAI public reporting programs. Included in the latter group is Pennsylvania, which discontinued its original system in favor of NHSN starting in January 2008. Meanwhile Minnesota, New Jersey, and Texas are considering whether to use NHSN to collect HAI data for public reporting. Currently, only 3 states—Florida, Maine, and Missouri—use systems that do not rely on the NHSN to collect HAI data, though Maine and Missouri draw on CDC's definitions."

*(Adapted from NC DPH - DRAFT 12/16/2008)